Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 1 of 103

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel if any:
Participant's Name: Wilfredo Vesc Fleche Participant's Address: Hc-02 DOX 1/090 Hamacoo PR 0079/ Participant's Email Address: Wilfredo Vesc 186) Yachov. Com
Participant's Address: HC-02 DOX 11090 Hamacoo PR 00791
Participant's Email Address: Wilfredo Ve se 186) /chou. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim:
By: Manufacture
Wilfreds Vege Print Name
Title (if Participant is not an individual)
O8/13/ doシ Date

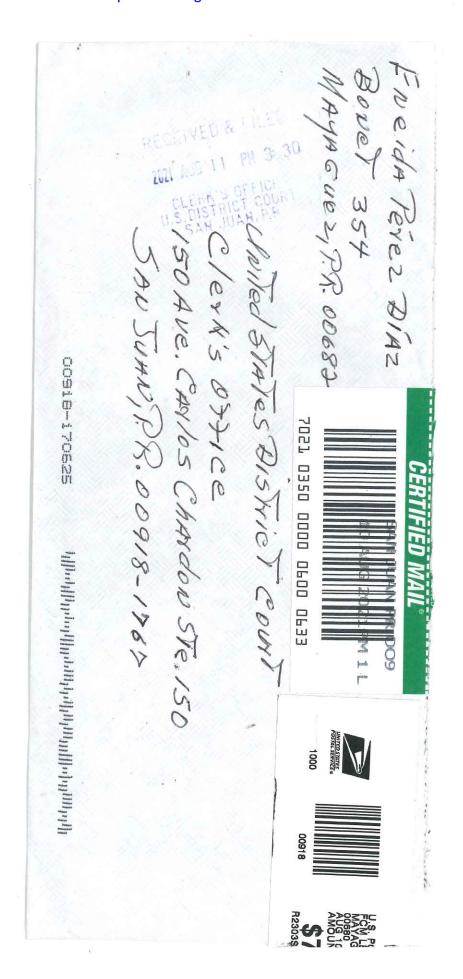
Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 2 of 103

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any:				
Participant's Name:	ENeidA	Perez	DIAZ	
Participant's Address:				00687
Participant's Address: Participant's Email Address:	eneida. Pere	222809	mailscon	w
Name of Counsel:	/_			
Address of Counsel:	**************************************		Table Herry Control of the Control o	
Email Address of Counsel: _	_			
2. Participant's Cla	nim number and the	nature of Partic	ipant's Claim:	
Claim Number:	153400)		
Nature of Claim:	INPAID SALA	riesinn	iolation of	Zlaw.
By: Execut Teres	Dear		75 E	
Signature	- 9 -		= TOS	= =
Print Name	VCZ N142			(a) [
	, a			3 5
Title (if Participant is no	ot an individual)			
08/10/202 Date	2 /			



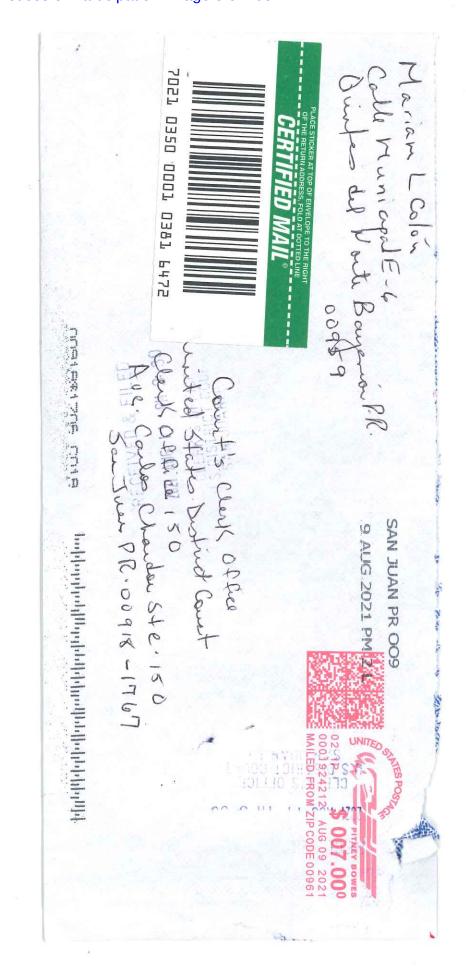
Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 4 of 103

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:			, ,			
Participant's Name:	Mariam	L. Colon	Dia	- 2		===
Participant's Address:	Colle Mu	nicipal	E-6	Quintas	delPor	to Bay
Participant's Email Address		ndiazo.	ahoo	com	- V	
Name of Counsel:	_ N	1A				
Address of Counsel:	1	1 A				
Email Address of Counsel:	_ N /	A			(1	
2. Participant's	Claim number and	d the nature of Pa	articipant's	Claim:		
Claim Number:	# 496	82				
Nature of Claim:	Low	# 89	and	Law	96	
By: Maul	Lahr Du				7 7	ion (vi)
Signature				U.S.	TECH TECH	
Mariam (- Colon Di	aZ		355	SIGN OF	19
Print Name				는걸다	= 8	,
60				RCS.		
Title (if Participant is	not an individual)		295	# FE	
9/08/20		ć.			3 5	
Date						



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

692

ii any:	
Participant's Name:	Gadiel Olivo Montanez
Participant's Address:	918 V-24 Urb. La Esperanza Vega Alta P.R. 00
Participant's Email Address	: E -
Name of Counsel:	N/A
Address of Counsel:	W/A
Email Address of Counsel:	N/A
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	X
Nature of Claim:	Public Employee (Fire department of P.R)
By: Signature	la-tig
Gadiel Olivo / Print Name	Costance
Title (if Participant is	not an individual)
Date 10	2021

Vega Alta P.R. 00692 Esperanza

From: Gadiel Olive Montanez

1 97 1285 San Juan, P.R. 00918_1767 150 Ave Carlos Chardon Ste 150

SAN JUAN DR ONG

10 AUG 2021 PM 1 L

Participant must provide all of the information below in English:

 Participant's confirmation if any: 	ontact information, including email address, and that of	its counsel,
Participant's Name:	Caribbean Asset Management & Funding, Intima Inc.	,
Participant's Address:	Urb. Paseo Alto, 68 Calle 2, San Juan, PR 00926-5918	
Participant's Email Address:	camfiinc@gmail.com	
Name of Counsel:	Angel L. Acevedo Esq. (President)	
Address of Counsel:	Urb. Paseo Alto, 68 Calle 2 San Juan, P.R. 00926-5918	
Email Address of Counsel:	acevedolaw@aol.com	
2. Participant's Cla	aim number and the nature of Participant's Claim:	
Claim Number:	27906	
Nature of Claim:	Contract Good & Services Provided	
By: Signature Angel L. Acevedo Esq.		RECEIV NO.
Print Name President	N. S.	C I S
Title (if Participant is no	t an individual)	PH 3: 33

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

SAN JUAN PR 00926-5918 68 CALLE 2 URB. PASEO ALTO Caribbean Asset Management & Funding, Inc.

United States District Court, Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

and the contract of the contra

10 AUG 2021 PM 1

SAN JUAN PR 009

Participant must provide all of the information below in English:

Participant's Name:

AGNSTIN GARCIA NARVAEZ

Participant's Address:

Participant's Email Address:

WMUNIZPE @ GMAIL.com

AGNSTIN GARCIA NARVAEZ

GRAYNABO, PR 00969-5246

Participant's contact information, including email address, and that of its counsel,

Name of Counsel:

Address of Counsel:

26/3 LINDARAJA; PONCE JR 00716-3853

Email Address of Counsel: LICENCIADOPLAZAMONTERO @ GMAIL. COM

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Print Name

Title (if Participant is not an individual)

1.

AMAGUST 9, 2021 8/9/2021

CLOSE

Prime Clerk A KROLL BUSINESS

Creditor Data Details - Claim # 12113

Creditor

GARCIA NARVAEZ, AGUSTIN

Debtor Name

Puerto Rico Electric Power Authority

Date Filed

05/02/2018

Claim Number

12113

Schedule Number

n/a

Claim Amounts

Claim Nature	General Unsecured
Schedule Amount	
C*	
U*	
D*	
Asserted Claim Amount	\$543,702.17
C*	
U*	U
F* .	
Current	\$543,702.17
Claim Value	
Claim Status	Asserted
Claim Nature	Priority
Schedule Amount	
C*	
U*	
D*	

RECEIVED & FILEL

2021 AUG 11 PM 3: 48

CLEE-K'S GFILEE

U.S.DISTRICT GOURT
SAN JUAN RA

to JUAN, P.R. 007/8-1767

ANE. CARLOS CHARDON

K'S OFFICE

Manuschia (Manuschia (

Maria Osme

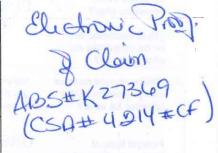


Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 13 of 103

Participant must provide all of the information below in English:
Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Dancars M. DE A Rosa Indiana
Participant's Address: Who. Pto. New of 20 ne #1151 54 fran P.V
Participant's Email Address: Janulia de la rosa 630 Cognal. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: Pension Retiree Claims
ву:
Signature Darrans De Woss
Print Name
Title (if Participant is not an individual)
10-Ugosto-2021
Date

Pro se Notices of Participation Page 14 of 103
UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL
DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). I Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).						
Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017				
Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017				
Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017				
Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017				
Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017				



Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date,

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Who is the current creditor?

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

¿Quién es el acreedor actual?

DAMARIS DE LA ROSA ANDUJAR

Name of the current creditor (the person or entity to be paid for this claim)
Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor Otros nombres que el acreedor usó con el deudor

	Case:17-032	83-LTS Doc#:17799-1 Filed:08/12/21 Pro se Notices of Participation P			
2.	Has this claim been acquired from someone else?	No / No Yes. From whom? Sí. ¿De quién?			
	¿Esta reclamación se ha adquirido de otra persona?		£		
3.		Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor?	Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)		
	Bankruptcy Procedure	URB. PUERTO NUEVO CALLE 20 N.E. 1151 SAN JUAN, PUERTO RICO 00920	URB. PUERTO NUEVO CALLE 20 N.E. 1151 SAN JUAN, PUERTO RICO 00920		
	¿A dónde deberían enviarse las notificaciones al acreedor?	0,4400,44,102,410			
	Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés)	787-630-4585	787-630-4585 Contact phone / Teléfono de contacto		
-	2002(g	Contact phone / Teléfono de contacto FAMILIADELAROSA630@GMAIL.COM Contact email / Correo electrónico de contacto	,	COM	
4.	Does this claim amend one already filed?	No / No Yes. Claim number on court claims registry (if known)			
	¿Esta reclamación es una enmienda de otra presentada anteriormente?	Sí. Número de reclamación en el registro de reclamación Filed on / Presentada el			
5.	Do you know if anyone else has filed a proof of claim for this claim?	No / No Yes. Who made the earlier filing? Sí. ¿Quién hizo la reclamación anterior?			
	¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?				
		ive Information About the Claim as of the Petition complete toda la información acerca de la reclama		caso.	
6.		■ No / No ■ Yes. Identify the agency or department and contact nar departments is available at: https://cases.primeclerk.cor	ne. (A list of Commonwealth of Puerto Rico agencies an	nd	
	¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?		<i>.</i>		
7.	Do you supply goods and / or services to the government?	No / No Yes. Provide the additional information set forth below / Sí. Proporcionar la información adicional establecida a continuación:			
	¿Proporciona bienes y / o servicios al gobierno?		ntrato:		
		List any amounts due after the Petition Date (listed abov Anote la cantidad que se le debe después de la fecha que del 30 de junio de 2017 \$	e) but before June 30, 2017: ue se presentó el caso (mencionados anteriormente), pe	:ro ante	
L	Modified Official Form 410	Proof of Claim	page 2		

Pro se Notices of Participation Page 16 of 103 \$70,000 Does this amount include interest or other charges? How much is the claim? ¿Este importe incluye intereses u otros cargos? ¿Cuál es el importe de la No / No reclamación? Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A). Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. 9. What is the basis of the Attach reducted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit claim? disclosing information that is entitled to privacy, such as health care information. ¿Cuál es el Por ejemplo: Venta de bienes, prestamo de dinero, arrendamiento, prestación de servicios, lesiones personales u fundamento de la homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación? reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica. RECLAMO BENEFICIO RETENIDO POR EL GOBIERNO 🔀 No / No 10. Is all or part of the claim secured? Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien. ¿La reclamación está garantizada de manera Nature of property / Naturaleza del bien: total o parcial? Motor vehicle / Vehiculos Other, Describe: Otro. Describir: Basis for perfection / Fundamento de la realización de pasos adicionales: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención. Value of property / Valor del bien: Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$_ Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$_ (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.) Amount necessary to cure any default as of the Petition Date I Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presento el caso)____ ☐ Fixed / Fija ■ Variable / Variable 11, Is this claim based on a ▼ No / No lease? Yes. Amount necessary to cure any default as of the Petition Date. Sí, Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso ¿Esta reclamación está basada en un arrendamiento?

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 17 of 103

	PIO S	e Notices	or Participa	alion Page	11 01 103	· · · · · · · · · · · · · · · · · · ·	·
12. Is this claim subject to a	No / No					N. C.	
right of setoff?	Yes. Identify th		g ^t				
¿La reclamación está sujeta a un derecho de compensación?	Sí. Identifique	el bien:		.5		•	
	No / No						
claim entitled to administrative priority	Yes. Indicate t	he amount of	your claim aris	ing from the valu	ue of any good:	s received \$	
pursuant to 11 U.S.C. § 503(b)(9)?	which the goo	ds have been	sold to the del	tition Date in the otor in the ordina supporting such	ry course of su		
¿La reclamación, total o parcial, cumple los		; `		e surge del valo		hian	
requisitos para ser	recibido por e	deudor denti	o de los 20 día	s anteriores a la	fecha de inicio	en estos	
tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?	casos del Fitu normal de los reclamación.	io III, en el que negocios del	ios bienes se deudor. Adjuni	han vendido al c e la documentac	ieudor en ei tra ión que respal	Ida dicha	-
Part 3 / Parte 3:	Sign Below / Fi	mar a conti	nuación				:
The person completing this proof of claim must	Check the approp	riate box / Mar	que la casilla co	rrespondiente:			
sign and date it. FRBP 9011(b),		litor. / Soy el a					
Table 1						utorizado del acreedor.	udor a cu aganta
If you file this claim electronically, FRBP	autorizado. N	lorma de quiel	ora 3004.			004. / Soy el síndico, el de	
5005(a)(2) authorizes courts to establish local rules specifying what a	l am a guara codeudor, N	ntor, surety, er orma de quiebi	ndorser, or other a 3005.	codebtor, Bankru	iptcy Rule 3005.	. / Soy el garante, fiador,	endosante u otro
signature is.	I understand that the amount of the	an authorized claim, the cre	signature on this ditor gave the de	s <i>Proof of Claim</i> se obtor credit for any	erves as an ack y payments rece	nowledgment that when delived toward the debt.	alculating
La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha.	Comprendo que o al calcular el impo saldar la deuda	una firma autor orte de la recla	izada en esta <i>E</i> mación, el acree	videncia de reclar edor le proporcion	nacióπ se consi ó al deudor créc	dera como un reconocimi dito para todo pago recibi	ento de que do para
FRBP 9011(b). Si presenta esta reclamación	I have examined true and correct.	the information	in this Proof of	Claim and have a	reasonable beli	ief that the information is	
de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas	He leído la inform información es ve			c <i>lamación</i> y tengo	motivos razona	ables para suponer que la	
locales para especificar qué se considera una firma.	I declare under p lo que antecede d			oing is true and co	rrect. / Declaro I	bajo pena de perjurio que	(
		Się	gnature: <u>DA</u>	MARIS DE L RIS DE LA ROSA ANDUJAR	A ROSA AN (Aug 10, 2021 10:50 EC	<u>IDUTAR</u> DT)	
	Signature / Fir	ma	Email: FAN	/ILIADELAROSA	(630@GMAIL.	СОМ	,
	Print the name of la persona que of				his claim / Esc	riba en letra de imprent	a el nombre de
	Name	DAMARI	S Y. DE LA	ROSA AND	UJAR		
i	,	First name / Pr	imer nombre	Middle name / Se	egundo nombre	Last name / Apellido	
,	Title / Cargo	POLICIA					
	Company / Compai	Identify the co	DE PUERT	the company if the	authorized agent is	s a servicer.	
-		Identifique al r	ecaudador corpor	ativo como la compa	iñia si el agente ai	utonzado es un recaudador.	
And in the second secon	Address / Dirección			VO, CALLE	20 N.E. 115	1	
		Number / Núm		et / Calle	DD.	00000	•
		SAN JUA	N .		PR State / Esta	00920 ado ZIP Code / Código	o postal
		City / Cludad	787_620_4	585 -	I / Correo electrón	EAMULADEL LEGGLAG	
40000	Contact phone / Te	éfono de contact	0 101-000-4	COO Emai	11 001160 616011011		

8100 9071%B1500

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Juana Mayr	11 Otero
Participant's Address:	HC 46 BOX	
Participant's Email Address:	juanitamaymi Q g	nail com
Name of Counsel:	N/A	* A.
Address of Counsel:	NA	<u> </u>
Email Address of Counsel:	NA	<u> </u>
2. Participant's C	laim number and the nature of Par	ticipant's Claim:
Claim Number:	116 386	
Nature of Claim:	Public Employee and	d pension/Retiree Claim
By: Juana Maynu' Signature	Chew "	
Juana Maym Print Name	i Otero	z ·
Title (if Participant is	not an individual)	
August 10,	2021.	

c 46 Box 5548 Jorado P.R. 00646. LERK'S OFFICE DISTRICT COURSAN JUAN DE

00010-170025

ste. 150, San Juan, Aue.

00918-1767





Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 21 of 103

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any:		
Participant's Name:	Fraisca Delgado Wells	
Participant's Address:	Calle Tricoche #22 Proce J. L 00730	
Participant's Email Address:		
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:		
Nature of Claim:	El Romeraso Ley 89 12 mils 1979	
By: Frank La	El Romeraro Ley 89 12 julis 1979	
Signature		- 1
trancises De	gado Wells	Y
Print Name		
Title (if Participant is	not an individual)	
	* * * * * * * * * * * * * * * * * * *	
Date		
Instructions for Filing Notice	e of Participation: If you are represented by counsel this Notice	

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Pro se Notices of Participation Page 22 of 103

SAN JURN P. R. 00918-1767

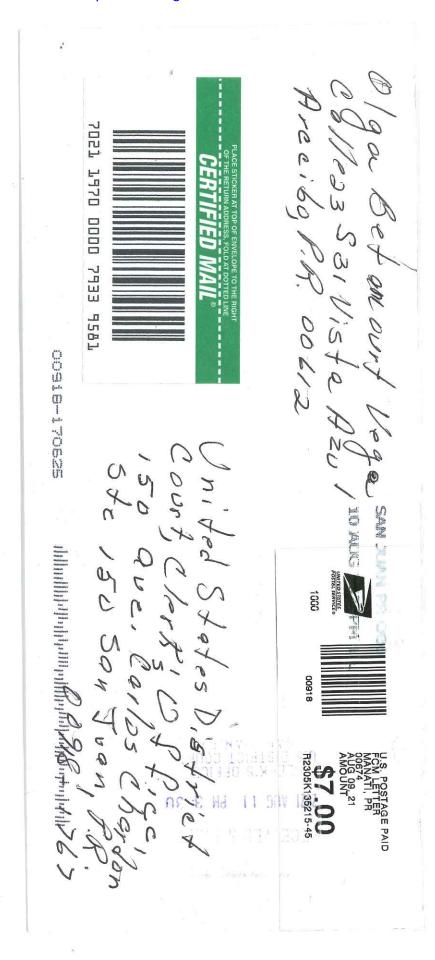




Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Pro se Notices of Participation Page 23 of 103

Participant must provide all of the information below in English:

1. Participant's co	ontact information, including en	mail address, and that	of its counsel,
Participant's Name:	Olga Beta	ncourt U	1099
Participant's Address:	Calle235316	1:5 /a Azu	, 1 Hocei.
Participant's Email Address:	riomar 2642	a gmail.	com
Name of Counsel:		0	
Address of Counsel:			
Email Address of Counsel:		1	
2. Participant's Cl	laim number and the nature of l	Participant's Claim:	
Claim Number:	17BK 328	3 LTS	
Nature of Claim:	96 1996	<i>y</i>	
By: Signature	etosent De	ga	9
Olge Br- Print Name	taneourt Ve	79	ಸ
rimitavame	O		ATCE IV
Title (if Participant is n	ot an individual)		Y G
gole agos	Lu 2021	*	ge ·
Date	**	- 운전 다	
Instructions for Filing Notice	of Participation: If you are		1 .1 . 5



Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 25 of 103

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: Vmm Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: the next Nature of Claim: By:

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32/48 Desc:

Jam Brase Notices of Partisipation Magnet Good 103 of Fr, 600 dollars

based on LAW 89 of Jaly 12, 1979, Uniform The

"Romerazo" for the years that I worked for

"Romerazo" for the years that I worked for

fuerto Rico Telephone. These are from July 5,

Puerto Rico Telephone. These are from

1983 to February 23, 1985 with re-entry from

August 9, 1998 to August 9, 1999.

RECEIVED & FILEL

2021 AUG 11 PH 3: 46

3 EISTRICT COURSELS AN JUAN. 15

Cally Nueva F-15 Villa Clementina Gaayuxba, F.R. 00969

9 AUG 2021 PM 2

SAN JUAN PR 009

Court's Clerk's Office United States District Court Clerk's Office, 150 Que Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767

FOIDSTAN COLD

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc:
Pro se Notices of Participation Page 28 of 103

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

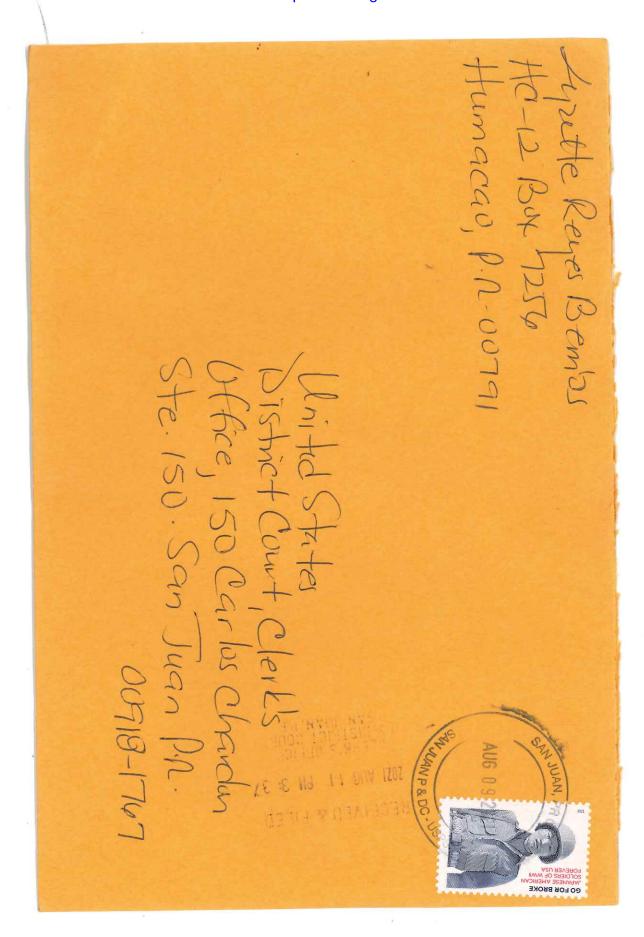
if any:	11 11 11 11
Participant's Name:	Herminia de Jesus Ruberté
Participant's Address:	6118 San Claudio St., Urb. Sta. Teresta Ponce, P.R.
Participant's Email Address:	yanira. toro e gmail. com
Name of Counsel:	NIA
Address of Counsel:	NA
Email Address of Counsel:	NA
Claim Number: Nature of Claim:	Claim number and the nature of Participant's Claim: 119338 Law #89 "Retri bución Uniforme" 12 de julio de 1979
By: Signature Herminic des Print Name N/A Title (if Participant is August 08, 2	
Date	



Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 30 of 103

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Lyzette Reyes Bemos
Participant's Address: HC-12 Box 7254 Humacao PR. 00791
Participant's Email Address: /yz77-fh(3)hotmail.com
Name of Counsel: Lcdo. Roberto Maldinado Nieves
Address of Counsel: 344 Callet N. E. Oficing 1A San Juan Ph.
Email Address of Counsel: Vomn 1940(2) Smail - Cun
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17 BR 3283-LTS
Nature of Claim, Tointly Administered
By: Cuptth News Benos
Signature
Print Name Print Name
Title (if Participant is not an individual)
4 acosto 2021 Date
Date



Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 32 of 103

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ir any:
Participant's Name: Ricarda Ortiz Cotto
Participant's Address: 198 Hacienda Primavera Cidra Puerto Rico 0073
Participant's Email Address: ricardita @ gmail - com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: framesa Title III
Nature of Claim; No. 17BK 3283-LT5
By: MCG
Signature
Ricarda Ortiz Cotto
Print Name
문트를 - · · ·
Title (if Participant is not an individual)
August-10-2021 Date

Ricarda Ortiz Coffo 198 Haciense Rinavera Cidra, P.R. 00739

> 10 AUG 2021 PM 1 SAN JUAN PR 009

SanJuan, P.R. 00918-1767 United States District Court Clerk's Office 150 Ave. Carlos Chardon Ste-150,

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Pro se Notices of Participation Page 34 of 103

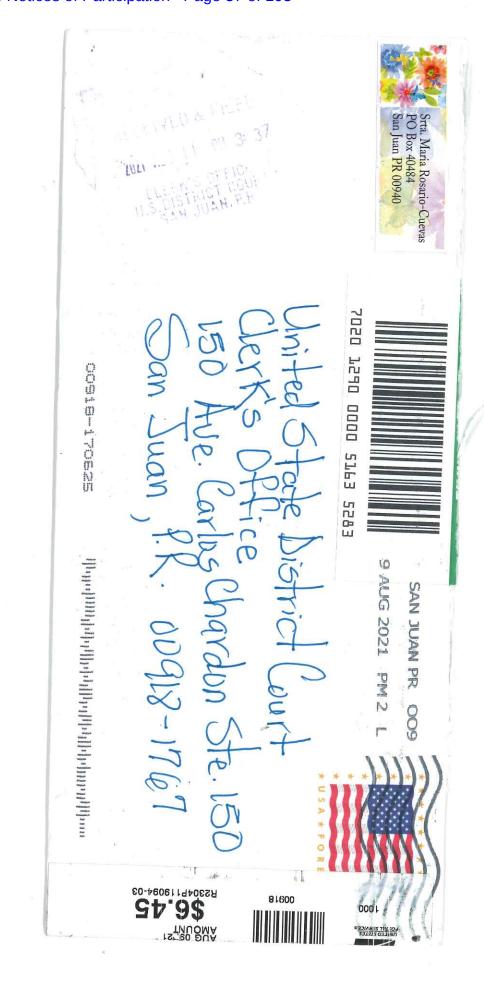
Participant must provide all of the information below in English:

 Participant's contact inform if any: 	ation, including email address, and that of its counsel,
Participant's Name: William	1 Alberto Vazquez Muñoz
Participant's Address: Palmas bel	turabo c/canurias #47, caguos P.Q.00
Participant's Email Address: Vazquez	William Qyahoo.com
Name of Counsel:	one
Address of Counsel:	ne
Email Address of Counsel:	one
2. Participant's Claim number	and the nature of Participant's Claim:
Claim Number: ECF NO.	
Nature of Claim: Prom	nesa title III
By: Wai au Alberto Spying	
Signature A	
William Alberto Cozques	
Print Name	The same and the s
	※量長 ≥ m
Title (if Participant is not an individ	
Δ 1 . 1	**************************************
Date	
Date	5 m



Participant must provide all of the information below in English:

1.	Participant's contact information, including email address, and that of its counsel,
	if any:
Participant's N	María V. Rosario Cuevas PO Box 40484 San Juan PR 00940
Participant's A	Address: PU DOX 40484 Jan Juan FN 00 170
Participant's E	mail Address: mario rosario 234@ Yahuo. com
Name of Coun	sel:
Address of Co	unsel:
Email Address	s of Counsel:
2.	Participant's Claim number and the nature of Participant's Claim:
Claim Number	11042
Nature of Clai	m: Salary Claim (San Juan PR Civil Num.
By: Mau	1 VO - 1 V DE 2007- 4259 (203)
Signati	ure .
	ria V. Rusario Cuevo
Print N	Name
Title (i	f Participant is not an individual)
5/0	agosto /2021
Date	THE WASHINGTON



Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 38 of 103

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Norberta Olivo Ortega Participant's Name: Vistas de Luquillo II 315 Diamante Luquillo PR Participant's Address: Participant's Email Address: angel Cordero 4@ Yahoo.com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 176658 Claim Number: Public Employee CLAIMS Nature of Claim: Signature Print Name Title (if Participant is not an individual)

T207

0350

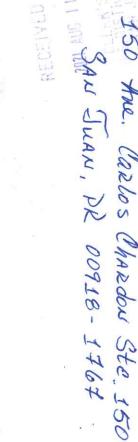
pp. 00773













Solo-Lionn

Table 1 State
Table 1 State

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 40 of 103

Participant must provide all of the information below in English:

if any:	imformation, including email address, and that of its counsel,
	rgen M Kivan Lojas
Participant's Address:	2-05 Boro 5429 5. Diaz P. ROOTS
Participant's Email Address: VC	ojas 1258 9 gmail. com
Name of Counsel:	5
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim	number and the nature of Participant's Claim:
Claim Number: 17	BK 3283-LTS
Nature of Claim: By: Virgent Rivers Virgent MRivers	Rys reve
Print Name Dept Bocial Ser Title (if Participant is not an	
10- Hgosto - 200	21

COMIN-1700XI 10 AUG 2021 PM 1 SAN JUAN PR Juan, N.R.00918-1767.

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc:
Pro se Notices of Participation Page 42 of 103

Participant must provide all of the information below in English:

1. Participant's contact information, including émail address, and that of its counsel, if any:
Participant's Name: Rosa V. Bongale Paulins
Participant's Address: P.O. Bof 164, Engels, Ph. 00611
Participant's Email Address: Kekago N7 glez 61 @ gmail Gom
Name of Counsel: Kramesa (Title VII
Address of Counsel: No. 17 BK 3283-LTS
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim:
By: Boules Poulers Signature
Rosa V. Conzalez Paulino Print Name
Title (if Participant is not an individual)
Date Organia 2021
En W

E/1047018

P. o. Bay 164 angeles, P.R. 00611

de son Etodos While, Oficin de Secretario, 150 Die Conformation, 150 Dec. 150 Don Jum, P.R.

ZOZI VAC II BH 3:38

SAN JUAN PR 009 9 AUG 2021 PM 2 L

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 44 of 103

Participant must provide all of the information below in English:

1. Participant's of if any:	contact information,	, including email a	address, and that of its counsel,
ii aiiy.	. /	-	
Participant's Name:	VIVIANA	Varés	tiguena
Participant's Address:	18 Camil	ntos I	iguerra, 5-I, P.
Participant's Email Address:	Viviana pa	res@yaho	o com
Name of Counsel:			
Address of Counsel:		, , , , , , , , , , , , , , , , , , ,	
Email Address of Counsel:			
2. Participant's	Claim number and t	he nature of Partic	cipant's Claim:
Claim Number:	17 BK 3	3283-1	TS
Nature of Claim:			
	50		
By: Signature			3 8
V D	Tiens	na	
Print Name	res reque	THE CONTRACTOR OF THE CONTRACT	253 C C
			EGG 78
Title (if Participant is	not an individual)		* TO THE STREET
			3
Date			

4456-96600 United States District Cour 12 200918-1767 SAN JUAN PR

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 46 of 103

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

	if any:	1	0	2 1		
Participant'	s Name:	(Aclos &	S. Inseringe	Bonbas	0	
Participant'	s Address:	CARE 14	S. Incorpore B #8-32.7	Altorns de	Res Gn	nwde P.R.
Participant'	s Email Address	carlyda	nel 03 A q	Mail- con	, .	
Name of Co	ounsel:					
Address of	Counsel:				,; ex	¥
Email Addr	ress of Counsel:	3				
2.	Participant's	Claim number a	and the nature of	Participant's C	laim:	
Claim Num	ber:	4.	324/			in a
Nature of C	laim:	Pensi	on Retir	ee Clair	15	
Ву:					T.	
Sign	nature	paringo Ba	abosa	gi J	£. %	
Prin	it Name		3 ×		- E	
Title	e (if Participant i	s not an individ	ual)		32 July 8	NED &
Date	e	1		8	- 2 20	PA 3:
Instruction	s for Filing No	tice of Participa	ation: If you are	represented by	counsel, this	Notice

CAME 14-5 AS SC AROUND

009

United States District

Juny P. R. 00918-1767

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 48 of 103

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Santos sy better a gmail.com

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Sylvette M. Santos Longo

PR. 00782

Participant's Com

PR. 00782

Participant's Claim of Participant's Claim:

Claim Number:

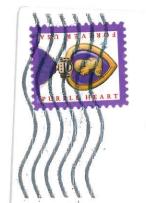
Nature of Claim:

By:

Sylvette M. Santos Longo

Print Name

Trabajadora Gould



SAN JUAN PR 009 TWO TOS STY OF

Sylvethe M-Santos Longs Urb-La Havenda A 48 calle A Comers, Pro. Rico 00782

San Svan, P. R. 00918-1167 Clerk's Office 150 Ave. Carlos Chardon United States District

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 50 of 103

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aliy.		6		
Participant's Name:	Sylvette M.S.			
Participant's Address:	VRB. La Hacienda			o P.R. O
Participant's Email Address:	Santossylvet	e @ gmail	. com	
Name of Counsel:				2
Address of Counsel:	-,			
Email Address of Counsel:		3 '		
2. Participant's C	laim number and the nati	ure of Participant's	Claim:	
Claim Number:				
Nature of Claim:				<u> </u>
By: Signature	2h		是是 高	
	Santis Longo		100 m	8
Print Name			225 3	E
Trabajadora		1.45	39	151
Title (if Participant is				
Agosto 10/20)2(
Date				

E O RE RE E 2 V

SAN JUAN PR 009

Sylvethe M. Sauths Longo Web- La Hacconda United States District Poort Clerk's Office 150 Ave Carlos Chardon Ste. 150 Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Pro se Notices of Participation Page 52 of 103

Participant must provide all of the information below in English:

1. Participant's	contact information, including email address, and that of its counsel,
if any:	
Participant's Name:	Florence Pulichine
Participant's Address:	Urt. Larrino del Sur 310 Calle Carario Porce
Participant's Email Address:	Lapo 9843 € yahoo. com
Name of Counsel:	NA
Address of Counsel:	NA
Email Address of Counsel:	NA
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:	Investment of \$50,000 of Employee . Retirement System Boads.
By: Florence Pruliche	Hetirement system Boads
Signature	1.1.
Florence O	ULICHINI
Title (if Participant is	not an individual)
August 6,	2021



Florence Quilichini Paz Urb Camino Del Sur 310 Calle Canario Ponce, PR 00716

0010-241100

00918-1767

SAN JUAN PR 009

9 AUG 2021 PM 2

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 54 of 103

Participant must provide all of the information below in English:

1. Participant's of if any:	contact information, including email address, and		
Participant's Name:	Celia Rodriguez A Apartado 289, Naranjit	licea	
Participant's Address:	Apartado 289, Navanjit	6 P.K. C	00719
Participant's Email Address:			
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:			
2. Participant's 0	Claim number and the nature of Participant's Claim	aim:	
Claim Number:	17 BK 3283-LTS		
Nature of Claim:	Intent to participate in discover	rery	
By: * Signature	· pro		rica.
Celia Rodri Print Name	quer Hicea	2021 AUG S.D.I.S. S.A.I.S.	RECEIVED & FIL
		会長の 二	
Title (if Participant is	not an individual)	\$10 30 30 3	20
x 9 de agos Date	sto 2021	T 3 C C C C C C C C C C C C C C C C C C	

Celia Kodnguez Hircea P.D. Box 289 Navanjito, P.R. 00719

CO FOR BROKE

United States District Court
Clerk's Office
Corlos Chardon Ste. 150
San Juan, P.R. Oog18-17-67

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 56 of 103

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Nancy Mc Cornick Calimano Participant's Name: Participant's Address: Participant's Email Address: nancy mc carmick 1950 2 gmail . com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 1845 SRF 55176 Pack ID 34179 MMLID: 2049475-P SVE Department of Education Nature of Claim: Signature Title (if Participant is not an individual)

San Juan, P. R. 00918-1767 ffice, 150 Ave. Carlos Chardon Ste. 150

SAN JUAN PR 009

Amter Nancy Mc Cormick Calimano

Guayama Puerto Rico 00185-0681

10 AUG 2021 PM 1 E

Court, Clerk's



CONTRACT VORM

The second secon

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 58 of 103

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name	Héctor Luis Mattei Calvo and Amelia Balasquide Fran
Participant's Addre	ss: Jard de Ponce H8 Raseo Trebol - Ponce, PR 00730
Participant's Email	Address: abalas quide 8 @gmail. com
Name of Counsel:	
Address of Counse	l:
Email Address of C	Counsel:
2. Part	icipant's Claim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim: By: Signature	Investment in Employee Retirement System Bonus \$ 85,000 CUSIP 29216 MBP4
Hector L Print Name	uis Mattei Calvo
Time Name	
Title (if Par	ticipant is not an individual)
8/9 Date	2021

PR. 00 730

00918-170625

Section of the control of the contro

xua, PR 00918-1767

SAN JUAN PR

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 60 of 103

Participant must provide all of the information below in English:

1. Participant's c	ontact information, including email address, and that of its counsel,
if any:	
Participant's Name:	Edna Hilda Deliz Garcia
Participant's Address:	Ave. Noel Estrada 426 A Isabela P
Participant's Email Address:	endelizathof mail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	113713, 120424
Nature of Claim:	Public Employee and Pension Ketiree
By: Edna J. Del	li Harris
Signature	liz García
Print Name	liz (zare 14
Title (if Participant i	s not an individual)
August 9	,2021



Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Pro se Notices of Participation Page 62 of 103

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
M. I. C. I. P.
Participant's Address: PO Box 1096 Arroyo P.R. 00714
Participant's Email Address: maracastn 97 @ yahoo com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17 BK 3283 - LTS
Nature of Claim: Intention to participate in discovery in
Nature of Claim: Intention to participate in discovery in By: Waith Contraction with confirmation of the plan.
Signature
Mantza Castro Rivera
Print Name
Title (if Participant is not an individual)
08-10-2021
Date

POBOX 1096 Arroyo P.R. 00714

CERTIFIED MAIL®

CERTIFIED MAIL®

UNITED STATES DISTRICT COURT CLERKS OFFICE
50 AVE CARLOS CHARDON STE. 150
SAN JUAN, P.R. 00918-1767



Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

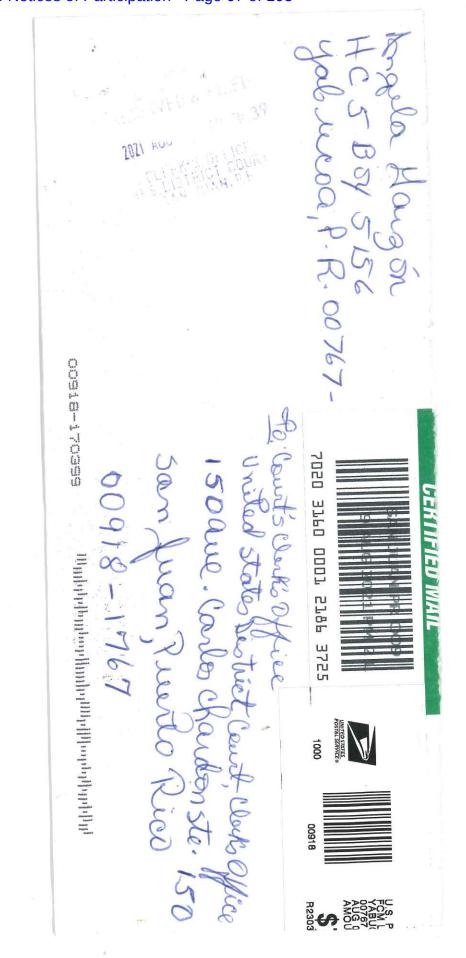
ii any.
Participant's Name: Katherine Hargrove Cordero
Participant's Address: HC 01 31325 Juana Diaz PR 00795
Participant's Email Address: <u>katherine hargrove 1999 mail.com</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 10 2206, 107924 , 50386, 50545, 132760
Nature of Claim: Retiro, Ley 96, ley 164, Ley 180 By: Stenature Retiro, Ley 96, ley 164, Ley 180
Katherine Hargiove Cordero Print Name
Title (if Participant is not an individual)
9-ago - 2021 Date

00010-170025 7E2D SEOT TOOD 07PT T207 00918

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Pro se Notices of Participation Page 66 of 103

Participant must provide all of the information below in English:

	contact information, including e	mail address, and that	of its counse	el,
if any:	0 1	0		
Participant's Name:	Angela L	Saizon		/
Participant's Address:	HC 5 BOX	5156 yabi	usa, t	Pe ou,
Participant's Email Address:	gargonangela	4 70 @ 9 Mai	1.00	<u>m</u>
Name of Counsel:	0		A ₊ _H	
Address of Counsel:				
Email Address of Counsel:	-77 - 17 - 17 - 17 - 17 - 17 - 17 - 17			
2. Participant's (Claim number and the nature of	Participant's Claim:		
Claim Number:	172568			<u></u>
Nature of Claim:	ration agucare	ia palario	simpo	cope
By: Signature	Laugai		nome	2050
Print Name	sanzá	ti a ma	- <u>8</u> - A	
Fillit Name		SASS	A TIVE	
Title (if Participant is	not an individual)	ENU		
$\frac{8-9-2}{\text{Date}}$	021	R Table	EFILE	
			Carlotte Committee	



Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 68 of 103

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Christyrc1 equil .con.

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

2973

Nature of Claim:

Continuation of Connectiff plan of Aljustment.

By:

Signature

Print Name

Title (if Participant is not an individual)

Cagosto 21

ton Bya, por 00949

10 AUG 2021 PM 1

SAN JUAN PR 009

K. 60918 +767.

million million will be the control of the control of the

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

	Wa Name:	hene	Barriera	Perez Buzon 4		
Participa	ant's Name:	0	modes 7	BUZON H	15 Penú	elas P*
Participa	ant's Address:	Com. Co	aracoies Z	00.00	500	624
Particip	ant's Email Address:	Lizaba	rrier 7 @ gr	mail -com		
	of Counsel:	484 11				
Address	s of Counsel:		. (
Email A	Address of Counsel:		A STATE OF THE STA			
Claim	Participant'sNumber:	Claim numbe	r and the nature of	Participant's Clain	1.	
Nature	of Claim:	to a dealer	th Tappers			
By:			Win IV		E ey	
	Signature	9		and the first state of	* 505	2021 JULIS II
	Print Name	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	The second style of		299 385	8 THE
	Title (if Participant	t is not an indi	vidual)			5
	Date					

RECEIVED & TOLIC 2021 AUG II PH 3: 40 Rene Barriera Perez Com. Caracoles 2 Buzón 475, Penuelas, P.R 00624

United States District Court Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, SanJuan, P.R. 00918-1767.



Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Pro se Notices of Participation Page 72 of 103

Participant must provide all of the information below in English:

1. Participant's and the
Participant's contact information, including email address, and that of its counsel,
Participant's Name:
Participant's Address: Calle 1 D-9 Url 1 = N1 = 1
Participant's Email Address: Calle 1 D-9 Urb. Los Almendros Juncos, P. R. Nama of Calle 1 D-9 Urb. Los Almendros Juncos, P. R. Nama of Calle 1 D-9 Urb. Los Almendros Juncos, P. R.
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim:
By: Mar de los a del Valle Tiroto Signature
By: Mar de los Adel Valle Turdo Signature María de los A-del Valle Tirado Print Name
Title (if Participant is not an individual)
Date agosti de 2,021
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice of Intent to Participate in Discount on the docket using the CM/ECE doctor.
must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In re</i>

Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

O JUL 40

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 74 of 103

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Vazmin Figueroa García Urbanización Doraville 29 calle andalucía Dorado P.R. couye. Participant's Name: Participant's Address: Participant's Email Address: Cucala 97 @ Vahoo Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: 55738 Public Employee and Pension/Retire claims Nature of Claim: Title (if Participant is not an individual) Agos to 10 2021
Date

Urbanización Doraville 29 Calle andalucia Dorado P.R. 00646

Yazmin Figueroa García

Office, 150 Ave. Carlos Chardon Ste , 150 United States District San Juan, P.R. 00918-1767 Court Clerk's

SAN JUAN PR 900



Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Pro se Notices of Participation Page 76 of 103

Participant must provide all of the information below in English:

 Participant's c if any: 	ontact information, including email add	dress, and that of its counsel,
Participant's Name:	Elsa Berrios	Lopez
Participant's Address:	P. O. Box 543 Barra	in quitas, P.R.OD794
Participant's Email Address:	eberrios 66/ @ gmail	com
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	laim number and the nature of Participa	ant's Claim:
Claim Number:	142287	
Nature of Claim:		1 ' 12 13-
By: Elsa Berri Signature	as hopez	
Elsa Ber Print Name	rios Lopez	
Pension / Reti Title (if Participant is no		OF IVE
Date 9 - augus	5+-2021	SOFFICE STAN, P.P.
Instructions for Filing Notice	of Porticipation IC	

P.O.BOY 543 Bary anguitas, P.R. 00794

Elsa Berrios López

SAN JUAN PR OOS

Clerk's Office 150 ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

United State District Court

00918-17082K

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 78 of 103

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Noemi Guzman Mur	ão Z
Participant's Address: Reporto Teresita Calle 26	AB2 Bayamon, PR DO96
Participant's Email Address: pagu = 160 gmail. com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant	's Claim:
Claim Number:	
Nature of Claim: 17 BK 3283 - LTS	
By: Signature Hugan Music	
Noemi Guzmin Muñoz Print Name	
	787 A
Title (if Participant is not an individual)	
9 agosto 2021 Date	
	GO CO



Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 80 of 103

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Torres Berrios Isabel Participant's Name: Calle 17 R29 Urb. Magnolia Gardens Bayamón evelez 59@ yahoo.com Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Public Employee and Pension Retiree claims Nature of Claim: By: Print Name Title (if Participant is not an individual) agost 9, 2021

LERM'S OF SUISTRICT SAN JUAN

Isabel Torres Berrios Calle 17 Reg Urb. Magnolia Gardens Bayamon, PR 00956

10 AUG 2021 PM 1

United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan PR 00918-1767

00919-170825

And the second s

SAN JUAN PR 009



Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Pro se Notices of Participation Page 82 of 103

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Ivelisse Pérez Milanda Participant's Name: Participant's Address: Cond. Concordia Gdns. I, 8 Calle Livorna Aprilo. 31 Participant's Email Address: weissen perez @ gmail. com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: gnature Print Name Title (if Participant is not an individual)

ian Juan, P.R. 00924 oncordia Colos.I San Tuan, P.L. 00918-1767 00918-170625 · Castos Chardon 10 AUG 2021 PM 1 L SAN JUAN PR 000

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 84 of 103

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

ii any:
Participant's Name: Luis O. Berrios Rivera
Participant's Address: Calle 3 712 Unb. Elhosario Vega Baja P.R
Participant's Email Address: berriospivera 36 Panail. Con
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 49762
Nature of Claim: former employment with the government By: Puerto Lico
Signature Luis D. Berrios Rivera Print Name
Title (if Participant is not an individual)
Date Date

Juan: Luis Case: 17303283-LTS DOC#: 17799-1 Filed: 08/12/21 Entered: 08/12/21 17:32:48 Desc: Calle 3 MD Urb. El Rosario Vega Baja

Puerto Rico, 00693



RECTIVED & FILED IN 1913 27 INT. MIS 1/1 PM 3: 27

Jo: Court's Clerk's Office United States District Court Clerk's Office 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 86 of 103

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Participant's Address: 1511 Ave Ponce de Levis Aphilosz Torre 1000 San Juan P. R. 00909 Fizguierdos @ yahoo	
Participant's Address: 1511 Ave Ponce de Feors April 1082 lorre 1000 San Juan P. R. 03909 Fizzaria de Carana	
San Juan P. R. 00909 Fire and a Column	
Participant's Email Address: T112941ev903 (a) 19100	10
Name of Counsel:	,
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number:	
Nature of Claim: Invested \$ 105000 in Employee terrement Syste	W
Signature Frances Transevão	= ,
Print Name	à
Title (if Participant is not an individual)	
Date (If Participant) is not an individual) Date	

15/1 Ave Ponce Scase: \$7-08283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 87 of 103 Aph 1082 Torve 1000 San Juan P.R. 00909





Courts Clark Office.
United States District Court

150 Que. Carlos Chardon Ste. 150

San Juan P. R. 00918-1767

EXTRA OSTAGE EQUIRED

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 88 of 103

Participant must provide all of the information below in English:

Participant's Name: Participant's Address: Participant's Email Address: Pame of Counsel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Patture of Claim: Participant's Claim number and the nature of Participant's Claim:	1. Participant's contact information, including email address, and that of its counsel,
Participant's Address: Participant's Email Address: Participant's Email Address: Participant's Counsel: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim: Participant's Claim number and the nature of Participant's Claim:	if any:
Participant's Email Address: Janie Sucres & Company & Co	Participant's Name:
Participant's Email Address: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Value Volume Volume Volume Volume Volume Volume Volume Sty: Signature DARIO SUAREZ MANUREZ Print Name Title (if Participant is not an individual) When Signature	The state of the s
Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Signature Signature Title (if Participant is not an individual) WHOS-262	Delici de Projection de la companya del companya de la companya del companya de la companya de l
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Signature DARIS SUAREZ MAMINEZ Print Name Title (if Participant is not an individual) OK-05-262	Name of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Value Visite Common Malaye Minimal Luys By: Signature DARIO SVAREZ MAMINEZ Print Name Title (if Participant is not an individual) W-05-262	Address of Counsel:
Claim Number: Nature of Claim: Signature DARIO SUAREZ MAMMEZ Print Name Title (if Participant is not an individual) OG-05-262	Email Address of Counsel:
Nature of Claim: Annual & 140 poo in Implayee Interment Lays By: Signature DARIO SUAREZ MAMINEZ Print Name Title (if Participant is not an individual) OS-05-2621	2. Participant's Claim number and the nature of Participant's Claim:
	By: Signature DARIS SUARES HAMMOREZ Print Name Title (if Participant is not an individual) 08-05-2021

15/1 Ave Ponce dease: \$7-08283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 89 of 103 Aph 1082 Torve 1000 San Juan P.R. 00909



Courts Clark Office.
United States District Court

150 ave. Carlos Clardon Ste. 150

San Juan P. R. 00918-1767

EXTRA OSTAGE EQUIRED

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 90 of 103

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Margarita, Ma
Participant's Address: Williams Walling Wallin Walling Walling Walling Walling Walling Walling Walling Walling
Participant's Email Address: dans Juane & UBS. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
and a hourstone time to Sono Un Complexes Referement
Nature of Claim: Myslimen M P 1500 Un Maria 2016 MBN9
By: Millio Share Many Dyson Son
Signature
SORMAN SORAN SIPAR
Print Name
Title (if Participant is not an individual)
8-8-3021
Date

15/1 Ave Ponde dease 17-08283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 91 of 103 Aph 1082 Torve 1000 San Juan P.R. 00909



Courts Clark Office.
United States District Court

150 ave. Carlos Clardon Ste. 150

Van Juan P. R. 00918-1767

1651 VICE 11 6/1 3: 57 SECENTED & FILED

EXTRA OSTAGE EQUIRED

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 92 of 103

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Hilda A Izgujerdo Stelk
Participant's Address: 4rk La Ramola 01632 Wavalla 10160 00730-485
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Nature of Claim: Investment \$ 100,000 in Comployee Relivencent System Than By: Signature A righter do 5 tella
Print Name Title (if Participant is not an individual)
8 09 20 Z Date

15/1 Ave Ponce dease: \$7-08283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 93 of 103 Aph 1082 Torre 1000 San Juan P.R. 00909



EXTRA OSTAGE EQUIRED

Courts Clark Office.
United States District Court

150 ave. Carlos Clardon Ste. 150

Van Juan P. R. 00918-1767

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Hilda A Tzquierd Stella
Participant's Address: Urb Ramba 1632 Mavarra Pouce Por
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: Investment \$150,000 in Employee Refirement System By: 29216 MAC4 Trong
Signature Hida A Tzgylevdo Stella Print Name
Title (if Participant is not an individual)
Date 8 09 202)
Date

15/1 Ave Pond dease: \$7-08283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 95 of 103 Aph 1082 Torve 1000 San Juan P.R. 00909





Courts Clark Office.
United States District Court

150 ave. Carlos Clardon Ste. 150

San Juan P. R. 00918-1767

1051 VICE 11 611 3. 54

EXTRA OSTAGE EQUIRED

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 96 of 103

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:			
Participant's Name:	DR. PAVID BU	15qual	icat-
Participant's Address:	SANJION GT	Rosevelt +	<i></i>
Participant's Email Address:	d busave to L	OREN OG MA	il -com
Name of Counsel:	A	N.	
Address of Counsel:	A		α
Email Address of Counsel:	4		
2. Participant's Claim num	ber and the nature of Partici	pant's Claim:	
Claim Number:	<u> </u>		
Nature of Claim:	en 3 m 000,000 th	player Teterament	Lystem.
By: Offin Band	s 305% WYCd	40	RE 192
Signature/			
PHUD BUSALE	0	E35	
Print Name		F-15	80
MA		F82	ω
Title (if Participant is not an inc	lividual)		2
8/9/21			
Date	. "		

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 97 of 103

Oficina Denial Dr. David J. Busqueis
Suite 810, La Torre de Plaza Las Américas
525 F.D. Roosevelt, San Juan, PR 00918
Tel. 751-1053 • 751-8751
Fax 767-5640

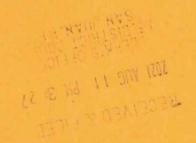


Vinted States District Court

Clerks Office
150 Ave. Charlos Chardon

Suite 150

SAN Juan, PR. 00918-1767



Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 98 of 103

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Print Name Title (if Participant is not an individual) Date Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc: Pro se Notices of Participation Page 99 of 103

Oficina Denial Dr. David J. Busqueis Suite 810, La Torre de Plaza Las Americas 525 F.D. Roosevelt, San Juan, PR 00918 Tel. 751-1053 • 751-8751 Fax 767-5640



Vinted States District Court

CIERKS Office
150 Ave. CARlos Chardon

Site 150

SAN Juan, PR. 00918-1767



Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 100 of 103

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

if any: Wilberto Torres Sanchez Participant's Name: Cond. Paseo de Gales 300 carr 9189 Apt 22 Murabo PR 00718 Participant's Address: Participant's Email Address: watsanc @ Dmail . Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 49762 -- 177/68 Claim Number: of Claim: <u>Ley 89 - Promesa Romerazo</u>

<u>Wilberto Jour Sanchy</u>
Signature Nature of Claim: By: Wilberto Torres Sanchez

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Title (if Participant is not an individual)



FROM:

Wilberto Torres Sancher Cond. Paseo de Gales 500 carr. 9189 Apt 22 Burabo PR 00778

TO:

united State District Court, Clerks
150 Ave. Carlos Chardon STE. 150
San Fuan PR 00918-1767

TRACKED INSURED



EP14F May 2020 OD: 12 1/2 x 9 1/2 To schedule free Package Pickup, scan the QR code.



USPS.COM/PICKUP

Case:17-03283-LTS Doc#:17799-1 Filed:08/12/21 Entered:08/12/21 17:32:48 Desc Pro se Notices of Participation Page 102 of 103

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,



Courts Clerk Office United States pictrict cour Clerks Office Carles Chardon Ste 150 San Jun P. R.

SOSI VAC 11 UN FIQ